**San Mateo County Law Enforcement**

**Naloxone Reporting Form**

**Officer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report Date: \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_**

1. When did the overdose occur? Date: \_\_\_\_\_\_/\_\_\_/\_\_\_\_ Approximate Time: \_\_\_\_\_\_\_\_\_\_\_\_\_

5. How did you know that an overdose was happening? (Check all that apply.)

[ ] Person looked blue

[ ] Person wouldn’t wake up

[ ] Person stopped breathing

[ ] No response to sternal rub or painful stimuli

[ ] Other

6. What drugs were involved in the overdose? (Present at the scene or suspected. Check all that apply)

[ ] heroin [ ] codeine [ ] morphine [ ] fentanyl [ ] oxycodone [ ] methadone [ ] alcohol [ ] meth [ ] GHB [ ] cocaine/crack [ ] benzodiazepines, ‘benzos’ (eg: valium)

[ ] additional:

7. Did the person who you administered naloxone to…

 a) Experience any symptoms of withdrawal? [ ] none [ ] mild [ ] severe

 b) Display aggression because of these symptoms? [ ] yes [ ] no

8. How long did it take for the naloxone to work? Check one answer:

[ ] immediately [ ] 30 seconds [ ] one minute [ ] 90 seconds

[ ] 2 minutes [ ] 180 seconds [ ] 210 seconds [ ] 3 minutes [ ]  more than 3 minutes

[ ] it didn’t work

9. How many vials of naloxone were administered?

[ ] 1 [ ] 2

10. Did the person survive the overdose?

[ ] yes [ ]  no [ ]  I don’t know

11. Do you experience any problems carrying your naloxone kit? [ ] yes [ ]  no

If yes, please specify:

Please email the complete form ghgilbert@stanford.edu and gfahey@smcgov.org and keep record on file with your police agency. Receive a new kit from your agency’s Narcan coordinator.